

VAGINAL BLEEDING IN PREGNANCY

ACTION/TREATMENT:

- ABCs/monitor cardiac rhythm as needed.
- IV access, rate titrated to perfusion as needed.

- **FIRST TRIMESTER BLEEDING:**

- Evaluate for quantity of bleeding, presence of tissue, fever.

Patient needs urgent evaluation. May be emergent depending on quantity of bleeding or associated abdominal pain, fever.

- Rupture of ectopic pregnancy may present with symptoms/signs of pregnancy, irregular menses or bleeding; abdominal pain; possible signs of hypovolemia.

- **THIRD TRIMESTER BLEEDING:**

- Greater than 27 weeks gestation, causes are potentially serious: 1) Placental abruption, 2) Placenta previa, or, 3) Bleeding from effacement, inflammation, or trauma.
- Patients with bleeding should be transported to a paramedic receiving center with OB capability.

- **PLACENTA PREVIA:**

- usually previous episodes of bleeding.
- Question regarding sonogram results.

- **PLACENTAL ABRUPTION:**

- Usual presentation may be mild discomfort and bleeding. Presence of frank, dark blood rather than heavily mucous as bloody show. May have to visualize perineum. Visualize if any doubt.
- Severe: painful vaginal bleeding with active labor, and hypertonic, tender uterus. Shock, bleeding abnormalities.

Shaded text indicates BH order

Unshaded text indicates standing order

Approved:

Treatment Guidelines:obstetrics:O-15:003f
Implementation Date:12/17/01